Eradication of Malaria

991. SHRI VED PRAKASH P. GOYAL: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that after inital successes, India is now unable to get the upper hand in malaria control and over the past decade or so, the number of malaria cases has remained uncharged, with the addition of P. Falciparum Malaria, as per a report in I.C.M.R. Bulletin of January, 1997;

(b) if so, what are the various types of malaria

(c) what are the various reasons for its spread in the country; and

(d) in what manner Government propose to wipe out this disease from the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) There was resurgence of malaria in the early 70s and a Modified Plan of Operation (MPD) was launched in 1977 to tackle the situation. With the implementation of MPO, the incidence of Malaria in the country has been brought down to 2 million cases 'in 1984 as against 6.47 million cases recorded in 1976,, Since then the malaria incidence has been contained around 2 but less than 3 million cases annually. In recent years the incidence of P. falciparum malaria has shown an increasing trend.

(b) There are mainly two types of malarial parasites causing human malaria. These are (1) Plasmodium vivex and (2) Plasmodium falciparum.

Apart from these, another malarial parasite 'P. malariae' is also found in some parts of Orissa. Other human malarial parasite P. ovale is found in Africa.

(c) Increase in malaria cases is mainly due to vector resistance to insecticides, parasite resistance to drugs like Chloroquine poor spray coverage, inadequate, surveillance, delay in diagnosis and treatment of cases, inadequate facilities for management of severe and complicated cases, poor environmental and sanitation conditions.

(d) The following steps have been undertaken to effectively control Malaria in the country under National Malaria Eradication Programme (NMEP):—

—100% Central assistance is being provided to the 7 North Eastern States since December, 1994.

—Early diagnosis and prompt treatment of Malaria cases through Primary Health Care system, Hospitals, Dispensaries, Malaria Clinics etc. and Drug Distribution Centres, Fever Treatment Depots at the village level, is undertaken by the State Governments.

—Vector control through insecticidal spray in rural areas and anti-larval operations in urban areas as per schedule on the basis of technical assessment.

—Intensification of Information, Education and Communication activities for mobilising active community participation.

—Observance of anti-malaria Month in June every, year beginning from June, 1997 to create public awareness about prevention and containment of malaria and other vector borne diseases and to propagate the theme "Malaria Control Everyone's Concern" to make it a people's movement in the country.

Further, an enhanced Malaria Control Project with World Bank support to cover essentially 100 districts in 7 States of Andhra Pradesh, Bihar, Gujarat, Maharashtra, Madhya Pradesh, Orissa and Rajasthan as well as 19 towns/cities having endemicity of malaria has since been successfullty negotiated with the World Bank.